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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) **Application Number** 10/536.552 TRANSMITTA Filing Date RECEIVED May 26, 2005 for FY 2005 First Named Inventor Gerd Wallukat CENTRAL FAX CENTER Examiner Name твл Applicant claims small entity status. See 37 CFR 1.27 <u>mar 0-7-200</u> Art Unit TBA TOTAL AMOUNT OF PAYMENT \$1,000.00 Attorney Docket No. 102530-7 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Name Other (please identify): Deposit Deposit Account Number: _ 14-1263 Deposit Account Name: Norris McLaughlin & Marcus For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling foe Charge any additional fee(s) or any underpayment of Credit any overpayments fes(s) under 37 CFR 1.18 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Eee_(\$) Fee (\$) Fee (\$) Fees Paid(\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 **Plant** 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 **Provisional** 200 100 0 n 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each Independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Multiple Dependent Cisims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Eee_(\$) Fee Paid (\$) - 20 or HP = \$50.00 \$200.00 (7 paid for previously) HP = highest number of total claims paid for, if greater than 20. indep, Claime Extra Claims Fee (\$) Eee Paid (\$) - 3 or HP = \$200.00 = \$800.00 (4 paid for previously) HP = highest number of independent claims paid for, if greater than 3, 3. APPLICATION SIZE FEE 3. APPLICATION SIZE FEE
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See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Pald (\$) - 100 = _ (round up to a whole × _\$250.00 \$0.00 4. OTHER FEE(S) Foe Paid (\$) Non-English specification, \$130 fee (no small entity dispount) Other (e.g., late filing surchafge): SUBMITTED BY Signature Registration No 33.531 Telephone (212) 808-0700 Name (Print/Type) Bruce S. Londa Date March 7, 2006

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patenta, P.O. Box 1450, Alexandria, VA 22313-1450.

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